

Show-Me Loans

Application Instructions

Please complete and return all of Part 1 and Part 2 (Sections A through D), and attach all of the required verification listed in Section E. All required information must be provided in order for your application to be considered. The minimum loan amount is \$ 500 and the maximum is \$ 10,000. If you have any questions, please call toll-free at 1-800-647-8557.

Mail the Application form to:

Show Me Loans Program
Missouri Assistive Technology
1501 NW Jefferson St. Rm. 206
Blue Springs, MO 64015-7242

Applications may not be emailed or faxed.

How Your Application Will Be Reviewed

1. The Show Me Loans Program will review the application form first. We will make sure the applicant intends to use the loan for assistive technology for a Missouri resident with a disability, and has the ability to repay the loan.
2. A loan review committee will decide if you meet its standard criteria for a loan and the Show Me Loans Program will notify you of its decision in writing. If you have a problem credit history or have any questions, you may contact Missouri Assistive Technology before completing your application. The toll-free number is 800-647-8557.
3. Interest rates: Most approved borrowers will have an interest rate ranging from 2 % to 4 %. To find out about what your interest rate would be, you can call Missouri Assistive Technology at out toll-free number 800-647-8557.

Show~Me Loans

Individualized Financing for Assistive Technology

Missouri Assistive Technology

1501 NW Jefferson St. Rm. 206

Blue Springs, MO 64015-7242

(816) 350-5285

Toll free (800) 647-8557 – Voice, (800) 647-8558 or (816) 373-9315 – TTY

Email: matpmo@swbell.net

Loan Application – Part 1

All information on this application form will be used only to determine your need for and ability to repay this loan. Borrowers must demonstrate the ability to repay the loan.

Completion of this form does not guarantee that a loan will be granted.

Please print or type

Person with a Disability:

Age:

Borrower's Name (if different)

Relationship to person with disability:

Describe the disability:

Describe what you plan to purchase (include brand name):

For vehicle modifications: List model, year and current mileage of the vehicle to be modified:

How did you decide on the specific device? If you received help in selecting a specific device, who provided the assistance?

Briefly explain how the device, housing modification or service will improve the life of the person with a disability (i.e. improve functional abilities, remove barriers to daily living, improve ability to interact with others, etc.) Attach an additional sheet if necessary.

What is the cost of the device, housing modification, or service? (You will need to submit one bid from a vendor or contractor from whom you wish to obtain the item or service).
\$

Has other funding been sought from any other sources or programs? Yes No

If "Yes" please list the other sources or programs and their response (you may attach another sheet if needed):

How much will the other sources pay, if any? \$

(Please document if part of funds will come from another source, such as a brief letter of confirmation from that source.)

Amount of Loan requested: \$

Number of months (Term) you wish to have to re-pay the loan: Months

Name, address and phone of the vendor/contractor/person you would buy the equipment from:

How did you hear about Show-Me Loans?

I authorize Show-Me Loans to share all financial, credit, and other pertinent information with required entities for the sole purposes of loan approval and loan maintenance.
Initials:

I have read and understand this application. Everything that I have stated is correct to the best of my knowledge. I understand that Show-Me Loans will retain this application whether or not it is approved. I agree to notify Show-Me Loans, in writing, of any change of name, address, employment or financial status.

Show-Me Loans is authorized to check my credit and to make all inquiries necessary to verify the accuracy of the information provided. Information obtained will be used to review and approve or deny the application for a loan. By signing below, I authorize all persons inquired of to respond in full to Show-me Loans; also I authorize Show-Me Loans to provide information about its credit experience with me to credit reporting bureaus.

Applicant Signature

Date:

Co-Applicant Signature (if any)

Date:

Show-Me Loans ~ Individualized Financing for Assistive Technology

Loan Application – Part 2

Section A – Please Tell Us About Yourself				
First Name	Initial	Last Name	Date of Birth	Social Security No.
Home Address (Other than P.O. BOX)		City State		Zip County
Mailing Address (If different from Home address)		City State		Zip County
Home Phone and Cell Phone			Email Address	
Rent	Live w/Others	Own/Buying	Years/Mos. There	Landlord/Mortgagor Name and Phone Number
Previous Address (if less than 2 yrs at current address)		City State		Zip Years/Months There
Landlord/Mortgagor (if less than 2 yrs at current address)		Years/Mos. There	Landlord/Mortgagor and Phone Number	
Name and Address of Employer		Position	Years/Mos. There	Employer Phone No. Gross Monthly Salary \$
Name and Address of Previous Employer (if less than 2 yrs at current employment)		Position	Years/Mos. There	Employer Phone No. Gross Monthly Salary \$
Other Income: * See below		Source of other income		Monthly Amount \$
Name of Bank		Checking Account? YES / NO	Savings Account? YES / NO	Name of Bank
Addresses of TWO closest living relatives NOT living at your address 1. 2.		Names of Relatives 1. 2.	Relationship to you 1. 2.	Home Phone 1. 2.
Are you a Permanent US Resident? Yes NO If No, What is the Current Expiration Date for your current Visa?		(You need not complete if this is an application for individual, unsecured credit.) Marital Status: Married: ___ Separated: ___ Unmarried:		
Did you have help in completing application? Yes _ No _ If yes, please list name and phone number of person and organization, if any:				

* You do not have to include information about income from alimony, child support or separate maintenance payments, unless you want us to consider this income in connection with this loan application. DO INCLUDE disability benefits, retirement benefits, aid, etc.

Section B – Please Tell Us About Your Co-Applicant/Co-Signer, If Any

First Name		Initial		Last Name		Date of Birth		Social Security No.	
Home Address (Other than P.O. BOX)				City State				Zip	
Mailing Address (If different from Home address)				City State				Zip	
Home Phone and Cell Phone						Email Address			
Rent		Live w/Others		Own/Buying		Years/Mos. There		Landlord/Mortgagor Name and Phone Number	
Previous Address (if less than 2 yrs at current address)				City State				Zip	
Landlord/Mortgagor (if less than 2 yrs at current address)				Years/Mos. There		Landlord/Mortgagor and Phone Number			
Name and Address of Employer				Position		Years/Mos. There		Employer Phone No.	
Name and Address of Previous Employer (if less than 2 yrs at current employment)				Position		Years/Mos. There		Employer Phone No.	
Other Income: * See prior page				Source of other income			Monthly Amount \$		
Name of Bank				Checking Account? YES / NO		Savings Account? YES / NO		Name of Bank	
Addresses of TWO closest living relatives NOT living at your address 1. 2.				Names of Relatives 1. 2.		Relationship to you 1. 2.		Home Phone 1. 2.	
Are you a Permanent US Resident? Yes No. If No, What is the Current Expiration Date for your current Visa?				(You need not complete if this is an application for individual, unsecured credit.) Marital Status: Married: ____ Separated ____ Unmarried ____					

Section C – Please Tell Us About Your Financial Obligations

List all your current obligations, including financial institutions, department stores, credit cards, leases, unpaid taxes, alimony and child support, etc. Attach another sheet if necessary.

[illegible]

Section D – ESTIMATED MONTHLY EXPENSES

Section I.

1. What MONTHLY bills do you have?

(If you have an annual bill, break it down to 12 payments and count one as a monthly expense)

Rent or House Payment	\$
Electric	\$
Gas	\$
Water	\$
Telephone	\$
Car payment/gas/maintenance	\$
Groceries (food, diapers, etc.)	\$
Miscellaneous (Haircuts, clothes, etc.)	\$
Child care/Support	\$

2. What entertainment type bills do you have?

Cablevision	\$
Eating Out	\$
Cigarettes/Alcohol	\$
Hobbies (movies, Bowling, etc.)	\$

3. What other bills do you have?

Car Insurance	\$
Other Insurance (health, renters/house)	\$
Medical (Glasses, prescriptions)	\$
Birthday/Christmas presents	\$

4. Other monthly bills: (Financial institutions, department stores, credit cards, unpaid taxes, alimony, rent-to-own, lay-away, etc.)

\$
\$
\$
\$

Section II

Monthly Income	\$
Total of all Monthly Bills	\$
Total left over after Bills	\$

Section E – Needed with Your Application

Verification of income and disability, and a bid for the assistive technology or housing/vehicle access modifications are needed to consider your application.

1. Verification of income

For Earnings – Copy of most recent income tax return and pay stubs from most recent two pay periods.

If you are self employed, on commission, or most of your income is from a source other than salary, please attach a copy of your last two years federal tax returns, and W-2 forms.

For Other Income – Must provide verification for those income sources you wish to have considered for your loan application.

- ☐ SSI/SSDI Statement
- ☐ TANF Statement
- ☐ Food Stamps Verification
- ☐ Fuel Assistance Verification
- ☐ Rental Income (verification or letter from boarder/tenant)
- ☐ Child Support/Alimony Verification
- ☐ Interest and Dividends Statements
- ☐ Documentation of other income

2. Verification of Assistive Technology

Must include a written bid or official cost estimate from the vendor or contractor showing the specific assistive technology or housing/vehicle access modification to be purchased and the exact cost of the items. This should include exact specifications whenever possible.

3. Verification of Disability

Must include a brief statement confirming the specific disability from a doctor, service provider or related agency. Some examples would be MR/DD, Vocational rehabilitation, school, DFS, or the Social Security Administration.

4. Additional Information

Please let us know if you are expecting any change in your income or expenses in the near future; if you are expecting any changes in living arrangements in the near future; if the reason for any credit problems are related to a disability; detail what steps you have taken to improve any credit problems; whether any recent moves were required by a job change, promotion, or to improve the quality of life; or any other details you would like to provide for consideration of your application. You may attach another sheet for any responses.

Please answer the following questions about the loan you are applying for through the Show-Me Loans.

1. The primary purpose for which I need (or the person I represent needs) an assistive technology device or service is related to:

(Please mark only one answer)

Education – participating in any type of educational program.

Community Living – carrying out daily activities; participating in community activities; using community services; or living independently.

Employment – finding or keeping a job; getting a better job; participating in other employment training program, vocational rehabilitation program, or other program related to employment.

2. Why did you choose to obtain an assistive technology (AT) device/service through a loan from our program?

(Please mark only one answer)

I could only afford the AT through this program. (I could not afford it through other programs.)

The AT was only available to me through this program. (I am not eligible or don't qualify for other programs, the AT is not provided by other funding sources or the specific device I needed is not provided by other programs.)

The AT was available to me through other programs, but the system was too complex or the wait time too long.

None of the above. Explain: